

Direct Deposit Authorization Form

Payee Type: ☐ Member ☐ Survivor ☐ Beneficiary ☐ QDRO Recipient • Member's SSN: _____

Payee Information			
Payee's Name _____		SSN _____	
Mailing Address _____			
City _____	State _____	Zip _____	
Telephone Number (____) _____		E-mail Address _____	

I hereby authorize the Arkansas Teacher Retirement System (ATRS) to deposit to the account indicated below the net amount I am due each month as if a check had been delivered to me for that amount. Should an overpayment or underpayment be made, ATRS is authorized to initiate any debits or credits necessary to correct the account.

☐ Checking Account ☐ Savings Account ☐ Reloadable Pay Card

Instructions:

- If you have selected a **Checking** or **Savings** account, attach a permanent voided check (no temporary checks) below. If there are no checks available, please have your financial institution complete **Part A and B**.
- If you have selected a **Reloadable Pay Card** please complete **Part A**.

Note: To the extent you are using an account other than a standard bank account, the member/beneficiary assumes responsibility for the loss of any funds.

Part A - Account Information (or attach voided check below)

Financial Institution Name _____
City _____ State _____ Zip _____
Routing Number (ACH) _____ Account Number _____

Part B - To Be Completed by Your Financial Institution

As a representative of the above-named financial institution, I certify that I have confirmed the identity of the above-named payee and their account number. I also certify that the financial institution agrees to receive and deposit payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Representative Name (Please Print)

Representative Signature

Telephone Number (____) _____ Date _____

Attach Voided Check Here

This authority is to remain in full effect until ATRS has received written notification from me of its termination. I understand that by having my benefits deposited in this manner, I will receive a deduction statement in July and December and that there will be no charge for this service.

Payee's Signature _____ Date _____

If you are a power of attorney, conservator, or guardian over the payee, please include a copy of the power of attorney, or certified copy of the order.